

## **SYLLABUS**

COURSE: DHBS 4401 Clinical Practice IV  
SEMESTER: Spring  
CREDIT HOURS: 4.0

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COURSE DIRECTOR: Jayne A. McWherter, R.D.H., M.Ed.

## GOAL

This course will provide the student with the opportunity to become proficient in advanced instrumentation procedures, including debridement with ultrasonics and hand instruments and the practice of basic and advanced techniques at chairside. Rotations to other departments in the Dental Branch, Texas Medical Center, and the community will provide additional clinical experience in a variety of settings. Patient management and professionalism are stressed in this stage of clinical development.

This course will also provide a learning environment as close to dental hygiene practice as possible with adequate supervision and guidance by clinic faculty. Practice of advanced dental hygiene procedures for Class III and Class IV prophylaxis cases and periodontally involved cases will be stressed.

## INSTRUCTIONAL OBJECTIVES AND CRITERIA FOR CLINICAL EVALUATION

Given clinic instruction, audio-visuals, seminar discussions, *the School of Dental Hygiene Student Handbook (Student Handbook; latest edition)* and the "Clinic Procedure Checklist" in the *Student Handbook*, the student should demonstrate competence in the following areas:

(Note: For specific criteria for clinical evaluation refer to the levels of competence described under EVALUATION METHODS, "Competency Demonstrations" and the "Clinic Procedure Checklist" in the *Student Handbook*.)

- A. Infection Control  
Demonstrate infection control protocol as outlined in the Safety and Infection Control Section of the *UTDB Clinic Manual* and the Aseptic Technique Checklist in the *Student Handbook* prior to patient arrival, during the appointment and after patient dismissal.
- B. Medical/Dental History  
Conduct a thorough medical/dental history on all patients. Proper clinical procedure will be dictated by the type of data collected. The history must be reviewed with the patient and the instructor at the beginning of each subsequent appointment.
- C. Head/Neck Examination  
Complete a head and neck examination on all patients. The examination will be reviewed at the beginning of each subsequent appointment.
- D. Case Classification and Gingival Description  
Classify the patient's prophylaxis and periodontal status based on gingival history and present condition, amount of soft and hard deposits present, presence of bleeding, bone loss, and other factors within the oral cavity as defined in the *Student Handbook*.
- E. Treatment Planning  
Determine the complete oral health needs of patients and reflect those needs in the treatment plan. Dental services, treatments, and referrals will be confirmed with the instructor.
- F. Instrumentation  
Utilize the proper instrument in an appropriate manner to remove all deposits with no unnecessary tissue trauma. The sharpness, original shape and design of the instrument will be maintained.
- G. Patient Education  
Determine the educational needs of the patient following proper data collection. Provide education and instruction to the patient to fit his/her individual needs.
- H. Time Management  
Manage all aspects of the patient's case. Provide individualized services to the patient in an efficient and effective manner.
- I. Record Keeping  
Accurately complete all forms in the patient's record, clinic evaluation forms and other required forms.
- J. Ethics and Professionalism  
Demonstrate ethical and professional behavior.
- K. Dental/Periodontal Charting

Review and accurately record dental and periodontal conditions on all patients. Complete periodontal charting prior to scaling unless the case is to be perio charted by quadrant throughout treatment as designated by instructor. A full mouth periodontal charting noting six measurements per tooth is to be completed annually. If the patient presents with a full mouth periodontal charting within the past year, you will update the chart by noting readings in areas previously recorded as 4 mm. or above and/or bleeding points.

You are to consult the instructor in identifying which patients will require a periodontal re-evaluation appointment (ADA code 4132). If you treatment plan a patient to receive scaling and root planing followed by a periodontal re-evaluation appointment, at the re-evaluation appointment you will need to record all six probe readings per tooth in the SRP quadrant/s and record only readings of non-SRP quadrants that were previously 4 mm. or above and record readings of areas that were previously bleeding points. Note: The free gingival margin is to be recorded on the periodontal chart of all patients to assist in determining the clinical attachment level.

- L. Calculus Removal  
Remove all calculus deposits on all patients without causing undue tissue trauma.
- M. Polish/Fluoride Treatment  
Remove all remaining extrinsic stain and plaque after scaling and administer a fluoride treatment as outlined in the *Student Handbook*.
- N. Pit and Fissure Sealants  
Place sealants on appropriate teeth as outlined in the *Student Handbook*.
- O. Radiographs  
Expose and process diagnostic radiographs.

## RESOURCES

### I. Required textbooks

*Clinical Practice of the Dental Hygienist*, Wilkins, E.M., Lippincott, Williams & Wilkins  
Baltimore, MD, 9th ed, 2005.

*Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*, Nield-Gehrig, Jill S.,  
Lippincott Williams & Wilkins, Baltimore, Maryland, 5<sup>th</sup> Edition, 2004.

*The University of Texas Health Science Center at Houston Dental Branch Clinic Operations and  
Procedures Manual*

*The School of Dental Hygiene Student Handbook* referred to as the *Student Handbook*; latest edition;  
"Clinic Procedure Checklist" which is found in the Student Handbook.

*Oral Lesions: An illustrated quick reference guide to diagnosis and treatment*, by Drs. Chas Dunlap &  
B.F. Barker, Colgate/Hoyt Lab.; latest edition.

*Dental Drug Reference*, Lexicomp; latest edition

*The Chairside Instructor*, American Dental Association

### II. Human Resources

Jayne A. McWherter, R.D.H., M.Ed.  
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Dental Hygiene Faculty  
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## STUDY PLAN AND REQUIREMENTS

Clinic time: Monday, 9:00 am - 11:45 am (*and 1:00 pm – 5:00 pm for rotation assignments*)  
Wednesday, 9:00 am - 11:45 am and 1:00 pm - 4:45 pm  
Thursday, 1:00 pm – 5:00 pm for rotation assignments

### **Prerequisites**

Successful completion of DHBS 4301 Clinical Practice III is the prerequisite of this course.

### **Attendance**

Clinic attendance is required. In the event you are unable to attend clinic as scheduled, it is your responsibility to:

1. Notify the Clinic Coordinator, Ms. McWherter, at 713-500-4399 and the Dental Hygiene Department Secretary at 713-500-4084 by 8:30 a.m. Please leave a message.
2. Notify patients for appointment changes that may be needed.

You must attend a minimum of 90% of clinical time to receive credit for Clinic Practice IV. The margin of 10% absence is provided to accommodate only unavoidable absences due to illness, delayed registration, or approved causes. It is not contemplated that this concession shall apply to other than exceptional cases. More information is provided in this handout under the "Evaluation Methods" section.

### **Appearance Guidelines**

You are to wear a clinic gown over misty green colored hospital scrubs when providing clinical services to patients or working in the clinic area. The gown is to be changed after each patient. If appearance guidelines are not followed, you will be dismissed from clinic. (Refer to *Student Handbook* for dress code.)

### **Patient Scheduling**

Your first responsibility in clinic is to have a patient. Keep a list of patients who are available on short notice so that you can appoint one if a cancellation or no-show occurs. Make open clinic times the exception, not the rule, as they deny you valuable experience and can result in a deduction of points off your final course grade. Check your family of patients regularly. Patients may be assigned to you at the time they are accepted for treatment in the Assessment Clinic however the Assessment Clinic does not provide you with every type of patient and/or specific patients you must have for competency exams and boards. You must supplement your patient family with those from "friends and family" sources. You are expected to complete all patients assigned to you in the system. Should you have an open appointment, inform your instructor and make the proper notation on the clinic clipboard if you leave the clinic area to look for your patient, make a phone call or go to a rotation site, etc.

### **Patient Charts**

Patient (paper) charts are not to be taken out of the building.

### **Personal Property**

To protect your personal property, keep all books, purses, jackets, etc., in your locker rather than in unlocked areas of the clinic and the classroom.

### **Equipment Maintenance**

Any remaining iodophor must be run through the suction daily to maintain clean vacuum lines. Please report any equipment problems to your instructor as soon as they occur.

### **Clinic Schedule**

Dental hygiene clinic patient treatment hours are 9:00 am – 11:45 am and 1:00 pm -4:00 pm. Patients may not be treated during any other hours. (Patients arriving late or from the assessment clinic should not be seated in the clinic after 11 for morning sessions or after 3 for afternoon sessions.) You must adhere to the following check-out times to avoid loss of credit for Time Management in Daily Clinic Evaluation.

Morning Clinic Sessions: check-outs begin at 11:15 am and all patients must be out of the clinic area by 11:45 am.

Afternoon Clinic Sessions: check-outs begin at 3:15 pm and all patients must be out of the clinic area by 4:00 pm.

Clinical Conferences will begin by 4:00 pm. Students treating patients in the DH clinic in afternoon clinic sessions must attend that afternoon's Clinical Conference to be counted present for the clinic session. The Clinical Conference will be held by the student's bay instructor.

### **Indices**

A plaque index must be completed and properly noted in the patient's record at each appointment following check-in and prior to instrumentation. After determining the plaque score, you should follow-up with patient education.

### **Calculus Removal**

At the discretion of the clinical instructor, Class I and Class II cases will be evaluated for calculus removal after a quadrant or half or the entire mouth has been completed. Class III and Class IV cases are usually evaluated one quadrant at a time. Ultrasonics may be used on any cases regardless of classification, unless a competency is attempted that does not allow the use of the ultrasonics. After all scaling has been checked, you may proceed to polishing, if instructed to do so.

### **Rotation Assignments**

Rotation assignments are scheduled for specific days and times. Refer to the "Rotation Schedule" for assigned days and the "Outside Assignment For Dental Hygiene Students" handout for specific times of operation at each site. If you are unable to attend a rotation when it is assigned, contact the Clinic Coordinator, the dental hygiene secretary, and rotation supervisor prior to the absence from your assignment. If you miss all or part of an assignment or receive an unsatisfactory evaluation, you will be required to make it up using your own clinic time as soon as the reassignment can be made by the Clinic Coordinator. In the event that the rotation cannot be rescheduled, an equivalent experience, as decided by the Clinic Coordinator, will be required in place of that assignment using your clinic time.

### **Appointment Planning**

Appointment scheduling should follow the patient's approved treatment plan.

### **Emergency Treatment**

A limited number of patients are accepted for emergency treatment on a first-come, first-serve basis. Patients should arrive at the Dental Branch by 6:30 a.m. carrying at least \$60 on days the Urgent Care Clinic is open.

### **Pediatric Dental Patients**

It is not recommended that patients under three (3) years be treated in the dental hygiene clinic.

### **Daily Progress**

At check-in time, you and the instructor will determine what treatment is to be provided and, if indicated, which area is to be scaled during the appointment. At the end of the appointment the instructor will briefly check the area completed. The instructor will record comments concerning your progress and discuss suggestions with you. This brief review will serve only as a feedback mechanism to let you know your progress toward completing the patient.

## Final Appointment Sequence

The final appointment will serve as a good measure of your organizational and clinical skills, and your time management skills. It is suggested that scaling and root planing is completed prior to the last appointment. Prior to polishing, a final scale check will be performed on all areas of the mouth regardless of scale checks at previous appointments. You must reassess previously scaled areas for any remaining deposits and tissue response at each subsequent appointment.

For patients not requiring a periodontal re-evaluation appointment, a comprehensive assessment of the patient's oral health will be done at the final appointment. Definitive scaling is to be performed at this time, if needed. Following the comprehensive assessment and final scale check by your instructor, you may proceed with the polish/floss which will be evaluated prior to the fluoride treatment.

For patients requiring a periodontal re-evaluation appointment (4132), the comprehensive assessment of the patient's oral health will be done at the re-evaluation appointment as well as scaling of residual calculus, as needed, followed by polish/floss/fluoride. You are to consult your instructor in identifying the need for a re-evaluation appointment.

## Competency Demonstrations

Competency Demonstrations will take place throughout the semester. They will consist of in-depth observation and feedback to provide information on your clinical strengths and weaknesses. After assessment, faculty will discuss with you methods to correct any identified deficiencies and praise success. This is a time for you to ask questions about anything to help develop your skills. It is essential that the exchange be objective and maintained at a professional level.

Competency Demonstrations may not be done on dental hygiene students or patients under the age of 16 (exceptions: 1) Polish/Floss may be performed on any patient 6 years or older, 2) Periodontal Charting, which is a stand alone Competency Demonstration as well as a portion of the Total Patient Care competency demonstration, must be performed on an adult 18 years or older or on any case deemed appropriate by the faculty and 3) Total Patient Care (any age) may be performed on any age. Competency Demonstrations are to be performed without the assistance of peers with the exception of recording periodontal probe depth measurements during a Total Patient Care Competency Demonstration. In evaluation of these procedures, competency demonstrations, the "Clinic Procedure Checklist" in the *School of Dental Hygiene Student Handbook (Student Handbook)* is used as a guide to critical and non-critical errors.

Competency Demonstrations compose forty percent (40%) of the final Clinical Practice IV course grade.

Faculty will record evaluations of your performance of Competency Demonstrations attempted for the Competency Demonstration portion of the course grade by indicating your performance level on your Competency Demonstration Sheet along with the patient's DH number, faculty member's signature/initial and date. Evaluation performance levels are 5, 4, and 1. Once you have achieved a level of competence (level 4 or 5) the designated number\* of times for Clinical Practice IV, you must continue to perform that procedure in a competent manner in order to maintain your skills.

{Note: For specific criteria for clinical evaluation refer to the levels of competence described under "Evaluation Methods" and "Competency Demonstrations" in this syllabus and on the Competency Demonstration Sheet, and the "Clinic Procedure Checklist" in the *School of Dental Hygiene Student Handbook (Student Handbook)*.} Clinical Practice IV competencies evaluate end product of procedures, not process of procedures.

\*Designated number of times a Competency Demonstration performed for evaluation toward the Competency Demonstration portion of the grade must be performed at a 5 or 4 level:

- (\*2) Initial Calculus Detection (quadrant not previously scaled)  
Using a white reproduced copy of the WREB calculus chart form, chart all supra **and** subgingival calculus on one quad of Class II or Class III. Note rough areas in red and clicks in blue. Color of supragingival calculus can be in red or blue depending on its quantity and quality therefore noting rough in red and clicks in blue. It is **not** necessary to identify how

many mm. subgingival the deposit is. Clicks of calculus (moderate to heavy) are described as a significant deposit readily discernible or detectable, "jump" felt with explorer, definite vibration that sometimes binds explorer, interproximal deposit felt from lingual and/or buccal and/or marginal ring, ledge or partial ledge encircling tooth.

- (\*4) Residual Calculus Detection (quadrant scaled at a previous appointment)  
Using a white reproduced copy of the WREB calculus chart form, chart all supra **and** subgingival residual calculus (including grainy) on a Class II, III or IV quadrant scaled at a previous appointment and that has not been signed off as complete on your Clinic Evaluation Form by an instructor. In addition this competency demonstration may be attempted on any quadrant at a perio re-evaluation appointment (4132) eventhough the quadrant was checked off at a previous scaling appointment. It is **not** necessary to identify how many mm. subgingival the deposit is. (There may be no calculus present.) Note rough areas in red and clicks in blue.
  
- (\*4) Total Patient Care  
Any Case Class allowed; must be completed within one appointment; patient may be a recall. Medical history may be an update. Dental chart may be an update of a previous chart that has not changed. (Note review of dental chart dated <date of dental chart> in Tx History notes and indicate there are no changes). Perio chart, if required depending on patient's age, can be an update of a previous baseline (if the patient presents with a full mouth perio chart within the past year, you will update the chart by noting readings in areas previously recorded as greater than 3 mm. and/or bleeding points) or an annual full mouth perio charting of all probe depths. Errors of each category (med hist, EIO exam, perio and dental charting, scaling and polishing) are totaled to assess evaluation rating. Any age; 8 teeth minimum.
  
- (\*2) Periodontal Charting  
Using WREB form, chart one quadrant that has been scaled at a previous appointment or the same appointment; charting must reflect all six probe depths of each tooth as well as facial and lingual recession in the quadrant charted. This may also be done on a quadrant at a 4132 perio re-eval appointment.
  
- (\*2) Scaling or Scaling and Root Planing  
Scale a quadrant of Class III or IV. Class III quads to be completed in 50 minutes or less within one appointment; Class IV quads are to be completed in 75 minutes or less within one appointment. Each area of tissue trauma constitutes one error. Ultrasonics allowed.
  
- (\*2) Scaling  
Scale a quad\*\* of Class II; competency is to be completed in 20 minutes or less. (A Class III qualifies with the same time requirement of 20 minutes.) Each area of tissue trauma constitutes one error. No ultrasonics allowed.

STUDENTS MUST SUCCESSFULLY DEMONSTRATE COMPETENCY IN TREATMENT PROCEDURES DESIGNATED AS "COMPETENCY DEMONSTRATIONS" FOR CLINICAL PRACTICE IV AND MUST CONTINUE TO PERFORM THE PROCEDURES AT A LEVEL OF COMPETENCE IN ORDER TO BE ELIGIBLE FOR GRADUATION.

Definition: In Clinical Practice IV, a quadrant is defined as 6, 7 or 8 natural teeth (can be restored, but must have root/s that can be scaled), three of which are posterior teeth.

### **Observations**

These procedures are observed and assessed, with feedback provided by faculty. They are to be completed in a satisfactory manner. Faculty will record the student's completion of an Observation on the student's Competency Sheet entering the patient's DH recall number, faculty member's signature/initial and date. Observations may not be performed for credit on dental hygiene students or patients under the

age of 16 (exception: Sealants; Also note that sealants may be done on any age patient and any request for sealants at UTDB must be signed by a D.D.S. in progress notes of the patient's UTDB chart). Failure to complete any Observation in the regularly scheduled spring clinic semester results in a 7.7 point deduction assessed per incomplete Observation in calculating the clinic course Observation grade. This grade is five percent (5%) of the final Clinical Practice IV course grade. All Observations must be completed prior to graduation.

Observations in Clinical Practice IV:

Sealants (4 teeth); Chemical Irrigation Therapy by Syringe (1); Personal Recall Patients (3); and File Recall Patients (5). (File recall patients are patients previously treated in the dental hygiene clinic or OMP patients that you complete.). Jet Polishing-V.A. rotation.

## Other Required Components

### 1. Time Constraints

Two Time Constraints are required in Clinical Practice IV. These procedures are timed tests, 45 minutes each, that faculty evaluate and assign a numerical grade according to the following criteria. The average of your two Time Constraint grades comprises fifteen percent (15%) of your Clinical Practice IV course grade. Any Time Constraints that are not completed by the end of the regularly scheduled clinic semester will be assigned a grade of "0" in calculating the clinical course "Time Constraint" grade.

#### a. Patient Qualifications

You must submit a patient meeting the following criteria:

- 1) One quadrant that must have one molar and a minimum of six natural teeth plus up to four teeth anywhere in the mouth.
- 2) A minimum of ten qualifying surfaces of moderate to heavy subgingival calculus must be present. See the Initial Calculus Detection Competency Demonstration above for description of qualifying calculus. At least two of the ten qualifying surfaces must be located on the molar/s. A maximum of six of the ten qualifying surfaces may be located on the mandibular anterior teeth (central incisor to cuspid or cuspid to cuspid).
- 3) It is suggested that probe depths not exceed 6 mm.

#### b. Testing Information

Ultrasonics are allowed. You will have 45 minutes to scale the assigned area. You will be evaluated on calculus removal and tissue trauma. Seven (7) points per calculus and/or tissue trauma error are deducted from 100 points. If no errors are noted and the patient's tissue does not hinder calculus detection, you may receive a final scale check on the quadrant at the discretion of your instructor. Otherwise, consult with your supervising faculty to determine the time of final evaluation of each quadrant.

### 2. Practical Exam

One Practical Exam Evaluation is required in Clinical Practice IV. This procedure is a timed test that faculty evaluate and assign a numerical grade according to the following criteria. Your Practical grade comprises fifteen percent (15%) of your Clinical Practice IV course grade. If this exam is not completed by the end of the regularly scheduled clinic semester, it will be assigned a grade of "0" in calculating the clinical course Practical grade.

#### a. Patient Qualifications

You must submit a patient meeting the following criteria:

- 1) One quadrant that must have one molar and a minimum of six natural teeth plus up to four teeth anywhere in the mouth.
- 2) A minimum of twelve qualifying surfaces of moderate to heavy subgingival calculus must be present. See the Initial Calculus Detection Competency Demonstration above for description of qualifying calculus. At least three of the twelve qualifying

surfaces must be located on the molar/s. A maximum of six of the twelve qualifying surfaces may be located on the mandibular anterior teeth (central incisor to cuspid or cuspid to cuspid).

3) It is suggested that probe depths not exceed 6 mm.

b. Testing Information

Ultrasonics are allowed. You will have two (2) hours to scale the assigned area/s and perio chart the assigned quadrant. Perio charting is to be done after scaling is complete. Use the WREB form to note probe depths and facial and lingual recession. You will be evaluated on calculus removal, tissue trauma and perio charting. Seven (7) points per calculus and/or tissue trauma error and three (3) points per periodontal probing and/or recession error will be deducted from 100 points. If no errors are noted and the patient's tissue does not hinder calculus detection, you may receive a final scale check on the quadrant at the discretion of your instructor. Otherwise, consult with your supervising faculty to determine the time of final evaluation of each quadrant.

**STUDENTS MUST COMPLETE ALL TIME CONSTRAINTS, THE PRACTICAL, OBSERVATIONS, AND OTHER REQUIRED COMPONENTS FOR CLINICAL PRACTICE IV IN ORDER TO BE ELIGIBLE FOR GRADUATION.**

## EVALUATION METHODS

Possible Course Grades: A, B, C and F

Course Grading Scale:

93-100	A
84-92	B
75-83	C
0-74	F

If you do not complete all Competency Demonstrations, Observations and Other Required Components during the regularly scheduled clinic semester, the highest grade you can earn in this course is a "B".

Attendance during 90% of scheduled clinic time is a course requirement; therefore, three (3) absences are allowed. If you are unable to fulfill the clinic time requirement of this course you may fail the course. This course will be offered again in Spring 2008.

Engagement in patient treatment is critical in this course. For each clinic session over a total of three (3) that you do not treat a patient, two (2) percentage points will be deducted from your final course grade. Assisting peers in the clinic and FMS Interpretations do not count as patient treatment. An absence from the clinic session or a clinic session without patient treatment is counted in this total.

To avoid loss of credit in place of one (1) non-patient contact session (note: limit of one for the Spring semester), you may elect to assist in a surgical procedure in the perio clinic Bays J and K (contact Ms. Ann Yue, Perio Grad Clinic receptionist – ext 4048) or assist in providing patient treatment in the Perio Records and Perio Treatment Planning Bay M. You are to participate in the procedures of the appointment until they have been completed for that session. If procedures are taking longer than the clinic session, you will be dismissed at noon or 5 p.m. Request that a dental faculty member supervising your participation sign a rotation card and turn the card in to the DH faculty member who opened that clinic session.

You are expected to have your cubicle set up prior to the beginning of the clinic session, by 9:00 am for the morning session and by 1:00 pm for the afternoon session. If it is not, you will be counted absent. The cubicle must be set up even if no patient is scheduled as there may be a patient referred to you by the Clinic Coordinator or other faculty member. (Patients arriving late or from the assessment clinic should not be seated in the clinic after 11 for morning sessions or after 3 for afternoon sessions.) Attendance is taken by the instructor at the beginning and end of the clinic session. If patient treatment is not provided during the scheduled clinic time, you must report your non-patient status to the instructor as soon as possible. You may be dismissed by the instructor by 11:00 am in a morning session. Students assigned to afternoon clinic sessions must attend that afternoon's Clinical Conference to be counted present for the clinic session. If there is no Clinical Conference planned for that session, you may be dismissed by the instructor at 3 p.m.

**Extra Credit** toward the final course grade can be acquired through completion of extra patients during the Spring semester (# beyond eight patients completed in the Spring semester), placement of extra sealants (# beyond the four sealants required in the Spring semester) completed in the Dental Hygiene Clinic during the Spring semester and/or placement of Arestin in treating a patient in the Dental Hygiene (DH) clinic during the Spring semester. This extra credit will be counted toward the course grade if all Competency Demonstrations, Observations and Other Required Components are completed within the regularly scheduled clinic semester. One percentage point per additional completed patient (beyond eight), one percentage point per each four sealants (beyond the required four) completed in the DH Clinic and one percentage point for Arestin placement per tooth will be added to the final Clinical Practice IV course grade at the end of the Spring semester. (Note: Sealants completed on rotation count toward requirements, but not extra credit. Sealants placed in Clinical Practice III and/or IV can count as those sealants required in Clinical Practice IV.)

The clinic grade will be computed as follows:

**Competency Demonstrations 40%**

Evaluation of Competency Demonstrations will be recorded by the instructor during the clinic session. Competency Demonstrations may be completed during any clinic session with the approval of the instructor.

Evaluation Performance Levels are defined as:

- 5 During this observation, your performance of the procedure surpasses that of entry-level competency in judgment and skill. No critical or non-critical\* errors occur at this level of performance. (\*Refer to *Handbook*, Competency Sheet and Syllabus to identify Competency Demonstrations that may have allowable non-critical errors for a level 5 evaluation.)
- 4 During this observation, your performance of the procedure is at entry-level competency in judgment and skill. No critical errors occur at this level of skill performance. (Refer to *Handbook*, Competency Sheet and Syllabus for allowable non-critical errors.)
- 1 During this observation, your performance of the procedure is below entry-level competency in judgment and/or skill. Critical errors and/or non-critical errors occur at this level of performance. This evaluation indicates that you need more practice in order to become competent in performing this procedure. (Note: In determining the Competency Demonstration portion of your Clinical Practice III course grade, each evaluation of 1 results in the subtraction of one point from the total of your evaluation points.)

To assess a numerical grade to be used in calculating the Competency Demonstration portion of your course grade, add competency evaluation scores of 4 and 5. Non-attempted/incomplete Competency Demonstrations and all 1 level evaluations are added as "-1". Use the following scale to determine the competency grade that corresponds to your total.

Evaluation points = Comp grade

80 = 100	65 = 77.5	50 = 55
79 = 98.5	64 = 76	49 = 53.5
78 = 97	63 = 74.5	48 = 52
77 = 95.5	62 = 73	47 = 50.5
76 = 94	61 = 71.5	46 = 49
75 = 92.5	60 = 70	45 = 47.5
74 = 91	59 = 68.5	44 = 46
73 = 89.5	58 = 67	43 = 44.5
72 = 88	57 = 65.5	42 = 43
71 = 86.5	56 = 64	41 = 41.5
70 = 85	55 = 62.5	40 = 40
69 = 83.5	54 = 61	39 = 38.5
68 = 82	53 = 59.5	38 = 37
67 = 80.5	52 = 58	37 = 35.5
66 = 79	51 = 56.5	

**Radiology 20%**

Reminder: Credit cannot be issued for any spring semester FMS technique and interpretation procedures until **all** of the fall semester requirements, i.e., technique and interpretation, are completed.

Technique (0210-56): Students must complete six FMS and two competency FMS procedures during the spring semester. The student must inform the technician at the check-in time if the FMS is a competency. There is no instruction or technique assistance during the competency procedure, and the passing grade for a competency is 85%. The other six FMS **procedures** are to be performed at a 75% or better on each set. Students receiving a failing grade of <75% on any FMS must complete a remediation exercise on a DXTTR **before starting any other radiology patient procedures. The remediation must be completed at a satisfactory level of  $\geq 85\%$  before receiving credit for subsequent clinical radiology procedures.** If the student completes a remediation exercise due to a failing grade and the remediation is passed, the student's failing grade will be replaced with a 75% grade. This 75% is then averaged into the semester radiology grade. A student attempting an FMS competency and receiving a grade 75% - 84% may count the competency attempt as a regular clinical exercise since it meets the criteria of a minimal 75% grade. For each set the student lacks toward the required six FMSs and two competency FMSs for the semester, a "0" will be averaged in as the grade of that set to determine the semester radiology grade. However, you must still complete any remaining delinquent FMS procedures to get a final clinic grade. Technique FMS **procedures** are worth 60% of the radiology semester grade, competency FMS **procedures** are worth 20% of the radiology semester grade and the two interpretations are worth 20% of the radiology semester grade. The averaged technique FMS grade for the six FMS **procedures** will contribute to 90% of the technique FMS grade. The technique grade can be increased by completing additional procedures beyond the minimum number of six procedures. Each additional procedure will contribute 2.0 points to the averaged technique grade. Students can accumulate as many additional procedures as desired to the maximum radiology grade of 100%.

Students will receive credit for an adult or adolescent FMS consisting of a minimum of twelve films.

Credit cannot be issued for any spring semester FMS technique and interpretation procedures until **all** of the fall semester requirements, i.e., technique and interpretation, are completed.

In order to more effectively utilize diagnostic radiation for FMS procedures, the following protocol has been established to complete FMS procedures. The FMS film pack available from the dispensary consists of 12 intraoral film packets; six (6) No. 1 anterior films and six (6) No. 2 films.

The following initial exposures will be made from these available films:

6 No. 1 anterior films

Maxilla = central incisor periapical view, left lateral incisor periapical view, right lateral incisor periapical view

Mandible = incisor periapical view, left cuspid periapical view, right cuspid periapical view

6 No. 2 films

Maxilla = left premolar periapical view, right premolar periapical view

Mandible = left premolar periapical view, right premolar periapical view

Bitewing = left premolar, right premolar

Technical criteria for full mouth radiographic survey:

1. Film placement - includes missing apices or cut-off crowns
2. Elongation
3. Foreshortening
4. Overlapping
5. Cone cut
6. Bending
7. Exposure error; dark, light
8. Film reversed
9. Dot in apical area

10. Mounting error
11. Processing error
12. Other

\*\*Note that radiographs taken on any given day MUST be turned in for evaluation no later than 4:30 pm that same day. Radiographs cannot be in the possession of a student overnight. The most recent radiographs on any patient seen in the dental hygiene clinic must be on the view box during patient treatment. This applies even when the radiographs were not taken by the dental hygiene student.

Interpretation (0210-80): Students need to complete two assigned interpretation exercises during the spring semester. They must be completed on the "Radiographic Interpretation Exercise" forms utilizing the "Dental Hygiene Radiographic Interpretation Report Guide". Students may substitute an assigned interpretation exercise with a patient FMS if it is approved by a radiology faculty member. The faculty member can approve an FMS if it meets the minimal requirements for an interpretation exercise as outlined in the "Dental Hygiene Radiographic Interpretation Report Guide". Interpretation exercises must be completed independently by the presenting / assigned student. The interpretation will be reviewed by a Radiology faculty member during an interpretation appointment time. Students can make this appointment by themselves or they can get assistance from their PCC. The deadline for completion of the first interpretation is **February 16, 2007**. Students who do not meet this deadline will receive a 10% grade deduction for the interpretation completed after the deadline, but before the end of the semester. If the second Spring FMS interpretation is not completed by **April 6, 2007**, then the student will perform a mass interpretation exercise to be scheduled later in the month of April 2007.

For each interpretation the student lacks toward the required two interpretations for the semester, a "0" will be averaged in as the grade of that interpretation in order to determine the semester radiology grade. However, you must still complete any remaining delinquent interpretation exercises to get a final clinic grade.

Students may not perform more than one FMS interpretation per day. Each interpretation must be performed at a grade of 75% or better. Students receiving a failing grade of <75% on any interpretation must complete a "remediation interpretation exercise" on a similar FMS case provided by Radiology. The passing grade on the "remediation interpretation exercise" must be  $\geq 75\%$ . If the student completes a remediation exercise due to a failing grade and the remediation is passed, the student's failing grade will be replaced with a 75% grade. This 75% is then averaged into the semester radiology grade.

Criteria for radiographic case study and interpretation requirements:

The student will be expected to evaluate and interpret the survey with regard to significant findings in the following categories:

1. Maxillary antra
2. Trabecular bone
3. Caries
4. Periodontal disease
5. Other abnormalities/anomalies

**Time Constraints 15%**

**Practical 15%**

**Observations 5%**

**Rotations all must be completed satisfactorily during the assigned semester**

**Daily Clinic Evaluation (EPR grade form) 5%**

### Daily Clinic Evaluation Criteria

Listed in each category of Daily Clinic Evaluation are the specific objectives you must demonstrate to be successful. (These objectives will also be referred to as grading criteria.) This evaluation is assessed each appointment and is reflected on the lower left area of the Clinical Evaluation Form and on the EPR Grade Form. Successful demonstration of the objectives in each category during an appointment of patient will result in a grade of 5. Errors in any category will result in a 1-point deduction each per occurrence. For example, a student does not perform the appropriate oral hygiene instruction with the patient. If there are no other Daily Clinic Evaluation errors during that appointment, the Daily Evaluation grade is 4. In this example, if the student does not begin clinic on time nor dismiss the patient on time, two additional points are deducted resulting in a Daily Evaluation grade is 2. Please note that any infraction in infection control, a critical error in ethics and professionalism, or an encounter form not turned in the day of treatment results in an automatic grade of 1. All of the Daily Evaluation grades are averaged for the semester by the CIS. The following are the grades equivalencies on a scale of 100: 5 = 100, 4 = 87.5, 3 = 75, 2 = 50, 1 = 0.

Categories of evaluation within Daily Clinic Evaluation:

- a. Medical/Dental History  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- b. Head/Neck Examination  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- c. Case Classification and Gingival Description
  1. Classifies the patient's occlusion.
  2. Classifies the patient's prophylaxis status; prophy class.
  3. Classifies the patient's periodontal status, perio type.
  4. Describes the gingival condition of the patient.

Base these classifications and descriptions on gingival history and present condition, amount of soft and hard deposits present, presence of bleeding, bone loss, and other factors within the oral cavity as defined in the *Student Handbook*.
- d. Treatment Planning  
For grading criteria, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
- e. Instrumentation
  1. For grading criteria specific to the use of different types of instruments, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
  2. Utilizes the proper instrument in an appropriate manner with no unnecessary tissue trauma.
  3. Maintains the sharpness, original shape and design of each instrument.
- f. Patient Education
  1. For grading criteria specific to the use of different types of patient education, refer to the appropriate Clinical Procedure Checklist in the *Student Handbook*.
  2. Determines the educational needs of the patient following proper data collection, including assessing plaque and calculus scoring.
  3. Provides education to the patient including:
    - a) Plaque relationship to dental caries and periodontal disease.
    - b) Appropriate brushing method/s.
    - c) Selection of proper toothbrush and auxiliary plaque control measures.
    - d) Appropriateness of fluoride treatments.
    - e) Dietary counseling.
    - f) Phase contrast microscope.
    - g) Diagnostic radiographs.
- g. Time Management

1. Prepares cubicle in advance so patient is seated at the scheduled appointment time.
  2. Initiates principles of effective time and motion management.
  3. Is familiar with procedure/s.
  4. Is prepared for the procedure/s.
  5. Completes procedures in a timely manner.
  6. Utilizes clinic time effectively and efficiently.
  7. Dismisses patient at proper time.
  8. Cleans cubicle and leaves clinic at noon and afternoon closing times.
- h. Infection Control
1. Practices universal precautions.
  2. Follows good principles of personal hygiene on a daily basis.
  3. Follows proper hand washing guidelines.
  4. Keeps fingernails short.
  5. Wears approved clinic attire.
  6. Does not wear jewelry when in clinic.
  7. Keeps hair pinned up, pulled back away from face.
  8. Practices proper disinfection protocol.
  9. Changes iodophor disinfectant on a daily basis.
  10. Verifies sterile instruments.
  11. Uses appropriate barrier techniques, ie. gloves, mask, protective eyewear.
  12. Removes gloves or put on overgloves when leaving the cubicle or opening drawers.
  13. Wears heavy duty, vinyl utility gloves when cleaning contaminated instruments.
  14. Follows environmental surface asepsi, ie. wipe clean, wipe ten.
  15. Provides a needle cap holder when a needle and syringe are present.
  16. Manages hazardous waste properly.
  17. Limits contamination.
  18. Refer to "Aseptic Technique" in the Clinical Procedure Checklist in the *Student Handbook* for a detailed description of procedures.
- i. Record Keeping
1. Documents legibly in non-erasable black ink or other pen or pencil where indicated.
  2. Documents patient name and chart number on all pages used in the chart.
  3. Displays radiographs on view box, where they are accessible.
  4. Documents review/update medical history.
  5. Documents review/update head and neck exam.
  6. Documents all procedures and required information in the chart.
  7. Completes all appropriate records and forms (ie. treatment plan, Tx History notes, Clinic Evaluation Form from "Student Name" through "Last Assessed") by clinic check-out time.
- j. Ethics and Professionalism
- Refer to "Ethics and Professionalism" in the Clinical Procedure Checklist in the *Student Handbook* for a detailed description of procedures.
1. Introduces patient to faculty.
  2. Asks for clarification when uncertain of instructions or task.
  3. Works independently yet recognizes his/her limitations.
  4. Demonstrates ability for self-evaluation according to criteria presented in manuals and lectures.
  5. Provides pertinent, individualized, appropriate information to the patient regarding treatment and the prevention of dental disease.